

Follow these Instructions to Complete the Application for a Volunteer Position

Forms that must completed prior to in-processing as a volunteer	Key Points
Application for Voluntary Service (VA Form 10-7055)	Complete in full
Letter of Reference Forms – 2 pages	Forms must be filled out by two <u>Non-Family</u> members
HR Fingerprint Data Sheet -1 page	Complete in full
Information Security Rules of Behavior	Read in Full and Sign
Tell Us About Yourself Form	Complete in full

Additional Requirements:

NOTE: The Medical Center will arrange the below appointments for you; do not have them done yourself.

All volunteers are fingerprinted, and a background investigation conducted. A TB/PPD test must be administered and read between 48 & 72 hours, **or** documentation presented that verifies that a PPD test has been administered within the last 4 mos. When you come in for in-processing/orientation, **you must:**

- Present **two (2)** forms of identification, **2 from List A or one from List A plus one from List B.** Names must match **exactly** (if one ID has a full middle name, and the other has a middle initial, then the initial must match).
 - One State or Federal ID must contain a photograph.
 - Both IDs must be **original documents**, and must be currently valid, **not expired or cancelled**.

PLEASE NOTE: School ID's w/o expiration dates are not valid for identification purposes.

List A	List B
<ul style="list-style-type: none"> • U.S. Passport or U.S. Passport Card • Permanent Resident Card or Alien Registration Receipt Card (Form I-551) • Foreign passport • Employment Authorization Document that contains a photograph (Form I-766) • Driver's License or an ID card issued by a State or possession of the United States provided it contains a photograph • U.S. Military card • U.S. Military dependent's ID card • PIV Card 	<ul style="list-style-type: none"> • U.S. Social Security Card issued by Social Security Administration • Original or certified copy of a birth certificate issued by a state, county, municipality authority, or outlying possession of the U.S. bearing an official seal • ID card issued by a federal, state or local government agency or entity, provided it contains a photograph • Voter's registration card • U.S. Coast Guard Merchant Mariner Card • Certificate of U.S. Citizenship (Form N-560 or N-561) • Certificate of Naturalization (Form N-550 or N-570) • U.S. Citizen ID Card (Form I-197) • ID Card for Use of Resident Citizen in the U.S. (Form I-179) • Certification of Birth Abroad or Certification of Report of Birth issued by the Department of State (Form FS-545 or Form DS-1350) • Temporary Resident Card (Form I-688) • Employment Authorization Card (Form I-6888A) • Reentry Permit (Form I-327) • Refugee Travel Document (Form I-571) • Employment Authorization Document issued by Department of Homeland Security (DHS) • Employment Authorization Document issued by DHS with photograph (Form I-688B) • Driver's license issued by a Canadian government entity • Native American Tribal document

Please call the Voluntary Service Office at 401-273-7100 ext 3002 with questions.



U.S. Department of Veterans Affairs

Veterans Health Administration
Voluntary ServiceOMB Number 2900-0090
Estimated Average: 15 min.

APPLICATION FOR VOLUNTARY SERVICE

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The form is used to assist personnel of both voluntary organizations, which recruit volunteers from their membership, and the VA in the selection, screening and placement of volunteers in the nationwide VA Voluntary Service program. The volunteer program supplements the medical care and treatment of Veteran patients in all VA facilities.

PRIVACY ACT INFORMATION: The information requested on this form is solicited under the authority of 38 U.S.C. 7405(a)(1)(D) and will be used in the selection and placement of potential volunteers in the VA Voluntary Service Program. The information you supply may be disclosed outside VA as permitted by law; possible disclosures include those described in the 'routine uses' identified in the VA system of records 57VA135 Voluntary Service Records-VA, published in the Federal Register in accordance with the Privacy Act of 1974. The routine uses include disclosures: in response to court subpoenas, to report apparent law violations to other Federal, State or local agencies charged with law enforcement responsibilities, to service organizations, employers and Unemployment Compensation Offices to confirm volunteer service, and to congressional offices at the request of the volunteer. Disclosure of the information is voluntary, however, failure to furnish the information will hamper our ability to arrange the most satisfactory assignment for you and the Department of Veterans Affairs.

NAME (Last, First, Middle Initial)

ADDRESS (Street, City, State and Zip Code)

DATE

TELEPHONE NUMBER

E-MAIL ADDRESS

DATE OF BIRTH

ORGANIZATION MEMBERSHIP(S) (Unit, Post, Chapter, if Affiliated)

ASSIGNMENT PREFERENCES

SEX ☐ M ☐ F

1. 2. 3.

EXPERIENCE AND TRAINING (Special Skills/Abilities)

RESTRICTIONS, LIMITATIONS OF SERVICE (Health Concerns, Medications, Allergies, etc.)

AVAILABILITY (Days and Times)

IN CASE OF EMERGENCY, PLEASE CONTACT (Name, Relationship, Phone Number)

Monetary Waiver: I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis" for an indefinite period. I understand that this waiver applies only to remuneration (compensation) for specific services rendered in the VA Voluntary Service (VAVS) Program and is not related to any other VA services or benefits to which I may be entitled. (**NOTE:** VA has entered into this agreement by the authority of 38 U.S.C. 7405(a)(1)(D). This agreement may be canceled by either party upon written notice.) I hereby accept the volunteer appointment(s) as outlined above.

Volunteer Signature

Date

I hereby appoint this applicant as a VA without-compensation employee subject to the provisions on this application. The above individual has been provided basic and assignment specific orientations which have been documented in the official volunteer folder located in the VA Voluntary Service Office.

VAVS Program Manager - Appointing Official Signature

Date

OFFICE USE ONLY

1. SUPERVISOR

2. SUPERVISOR PHONE NUMBER

3. ORIENTATIONS

4. UNIFORM

COMMENTS

NAME AND TITLE OF REVIEWER

DATE



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
830 Chalkstone Avenue
Providence, RI 02908-4799

In Reply Refer To: 650-135

VOLUNTEER PROGRAM
LETTER OF REFERENCE FORM

Reference is required from a Non-Family Member

Applicant's Name: _____

Length of time acquainted with applicant: _____ yrs/mos.

Relationship to applicant: Friend _____ Employer _____ Teacher _____ Other _____

The individual listed above has applied to be a volunteer. Please describe some attributes you feel would impact on his/her ability to volunteer. We may call you for further information. Thank you.

SIGNATURE

PLEASE PRINT NAME

CITY, STATE, ZIP

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

Please return to Voluntary Service, Providence VA Medical Center, 830 Chalkstone Ave., Providence, RI 02908-4799.



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
830 Chalkstone Avenue
Providence, RI 02908-4799

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☐ STUDENT/RESIDENT ☐ VOLUNTEER ☐ CONTRACT EMPLOYEE ☐ FEE BASIS ☐ REGULAR EMPLOYEE
☐ DISBURSEMENT RES. ☐ WOC

Courtesy (Yes/No) _____ If Yes, which VA: _____ SON: _____ SOI: _____

THE FOLLOWING INFORMATION IS REQUIRED IN ORDER TO SUBMIT YOUR FINGERPRINTS WHICH WILL BE TAKEN BY HUMAN RESOURCES AS PART OF PROCESSING YOUR APPOINTMENT OR IN CONNECTION WITH THE REINVESTIGATION REQUIRED DUE TO THE RISK LEVEL ASSOCIATE WITH YOUR POSITION.

*ORGANIZATION: _____ (AGENCY WORKING FOR)

*POSITION TITLE: _____ JOB SERIES: _____

*NAME: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

ALIAS: _____

*DOB: ____/____/____ (US SSN Only) *SSN#: ____ - ____ - ____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____ WORK _____ HOME _____

PERSONAL EMAIL ADDRESS: _____

PLACE OF BIRTH: _____ STATE: _____ COUNTRY _____

ARE YOU A US CITIZEN: ☐ YES ☐ NO IF NO, WHAT COUNTRY? _____

DUAL CITIZEN _____ (YES /NO) IF YES; COUNTRY _____

FOR THE FOLLOWING SECTION, SEE CHART BELOW FOR SPECIAL CODES

GENDER: _____

RACE: _____

EYE COLOR: _____

HAIR COLOR: _____

HEIGHT: _____

WIEGHT: _____

(FEET, INCHES)

(POUNDS)

CHART

RACE
A-ASIAN
B-BLACK

I- NATIVE AMERICAN
W-CAUCASION/LATINO
XXX- UNKNOWN

EYE COLOR:
BLK-BLACK
BLU-BLUE
BRO- BROWN

GRN-GREEN
GRY- GRAY
HAZ- HAZEL
XXX- UNKNOWN

HAIR COLOR:
BLK- BLACK
RED- RED/AUBURN
BLN- BLONDE/STRAWBERRY
GRY- GRAY/PARTIALLY GRAY

BAL- BALD
BRO- BROWN
WHI- WHITE
XXX- UNKNOWN

FINGER PRINTED BY: _____

DATE: _____

POSITION SENSITIVITY: NACI MBI BI

VA Privacy Training for Personnel without Access to VA Computer Systems or Direct Access or Use to VA Sensitive Information

The Department of Veterans Affairs, VA must comply with all applicable privacy and confidentiality statutes and regulations. One of the requirements in VA is to have all personnel trained annually on privacy requirements. “Privacy” represents what must be protected by VA in the collection, use, and disclosure of personal information whether the medium is electronic, paper or verbal.

This document satisfies the “basic” privacy training requirement for a contractor, volunteer, or other personnel **only if** the individual does not use or have access to any VA computer system such as Time and Attendance, PAID, CPRS, VistA Web, VA sensitive information or protected health information (PHI), whether paper or electronic. You will find this training outlines your roles and responsibility for protecting VA sensitive information (medical, financial, or educational) that you may incidentally or accidentally see or overhear.

If you have direct access to protected health information or access to a VA computer system where there is protected health information such as CPRS, VistA Web, you must take “Privacy and HIPAA Focused Training” (TMS 10203). “VA Privacy and Information Security Awareness and Rules of Behavior” (TMS 10176) is always required in order to use or gain access to a VA computer systems or VA sensitive information, whether or not protected health information is included. Both trainings are located within the VA Talent Management System (TMS): <https://www.tms.va.gov>

What is VA Sensitive Information/Data?

All Department information and/or data on any storage media or in any form or format, which requires protection due to the risk of harm that could result from inadvertent or deliberate disclosure, alteration, or destruction of the information. The term includes not only information that identifies an individual but also other information whose improper use or disclosure could adversely affect the ability of an agency to accomplish its mission, proprietary information, and records about individuals requiring protection under applicable confidentiality provisions.

What is Protected Health Information?

The HIPAA Privacy Rule defines protected health information as Individually Identifiable Health Information transmitted or maintained in any form or medium by a covered entity, such as VHA.

What is an “Incidental” Disclosure?

An incidental disclosure is one where an individual’s information may be disclosed incidentally even though appropriate safeguards are in place. Due to the nature of VA communications and practices, as well as the various environments in which Veterans receive healthcare or other services from VA, the potential exists for a Veteran’s protected health information or VA sensitive information to be disclosed incidentally.

For example:

- You overhear a healthcare provider's conversation with another provider or patient even when the conversation is taken place appropriately.
- You may see limited Veteran information on sign-in sheets or white boards within a treating area of the facility.
- Hearing a Veteran's name being called out for an appointment or when the Veteran is being transported/escorted to and from an appointment.

Safeguards You Must Follow To Secure VA Sensitive Information:

- Secure any VA sensitive information found in unsecured public areas (parking lot, trash can, or vacated area) until information can be given to your supervisor or Privacy Officer. You must report such incidents to your Privacy Officer timely.
- Don't take VA sensitive information off facilities grounds without VA permission unless the VA information is general public information, i.e., brochures/pamphlets.
- Don't take pictures using a personal camera without the permission from the Medical Center Director.
- Any protected health information overheard or seen in VA should not be discussed or shared with anyone who does not have a need to know the information in the performance of their official job duties, this includes spouses, employers or colleagues.
- Do not share VA access cards, keys, or codes to enter the facility.
- Immediately report lost or stolen Personal Identity Verification (PIV) or Veteran Health Identification Cards (VHIC), any VA keys or keypad lock codes to your supervisor or VA police.
- Do not use a VA computer using another VA employee/volunteer's access and password.
- Do not ask another VA employee/volunteer to access your own protected health information. You must request this information in writing from the Release of Information section at your facility.

What are the Six Privacy Laws and Statutes Governing VA?

1. Freedom of Information Act (FOIA) compels disclosure of reasonably described VA records or a reasonably segregated portion of the records to any person upon written request unless one or more of the nine exemptions apply.
2. Privacy Act of 1974 provides for the confidentiality of personal information about a living individual who is a United States citizen or an alien lawfully admitted to U.S. and whose information is retrieved by the individual's name or other unique identifier, e.g. Social Security Number.
3. Health Insurance Portability and Accountability Act (HIPAA) provides for the improvement of the efficiency and effectiveness of health care systems by encouraging the development of health information systems through the establishment of standards and requirements for the electronic transmission, privacy, and security of certain health information.
4. 38 U.S.C. 5701 provides for the confidentiality of all VA patient and claimant information, with special protection for their names and home addresses.
5. 38 U.S.C. 7332 provides for the confidentiality of drug abuse, alcoholism and alcohol abuse, infection with the human immunodeficiency virus (HIV) and sickle cell anemia medical records and health information.

6. 38 U.S.C. 5705 provides for the confidentiality of designated medical-quality assurance documents.

What are the Privacy Rules Concerning Use and Disclosure?

You are not authorized to use or disclose protected health information. In general, VHA personnel may only use information for purposes of treatment, payment or healthcare operations when they have a need-to-know in the course of their official job duties. VHA may only disclose protected health information upon written request by the individual who is the subject of the information or as authorized by law.

How is Privacy Enforced?

There are both civil and criminal penalties, including monetary penalties that may be imposed if a privacy violation has taken place. Any willful negligent or intentional violation of an individual's privacy by VA personnel, contract staff, volunteers, or others may result in such corrective action as deemed appropriate by VA including the potential loss of employment, contract, or volunteer status.

Know your VA/VHA Privacy Officer and Information Security Officer. These are the individuals to whom you can report any potential violation of protected health information or VA sensitive information, or any other concerns regarding privacy of VA sensitive information.

**YOU ARE RESPONSIBLE FOR PROTECTING THE CONFIDENTIAL
INFORMATION OF OUR VETERANS**

Volunteer (Print Name)

Date

Volunteer Signature

Donna Russillo, Chief , Voluntary Service
Print Name of VHA Department/Supervisor

MAINTAIN THIS FORM IN THE VOLUNTEER'S PERSONNEL FOLDER



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
Voluntary Service (135)
830 Chalkstone Avenue
Providence, RI 02908-4799



Please tell us about yourself:

1. Why do you want to volunteer?

2. Would you prefer an assignment that is more active (walking, etc) or more sedentary (sitting)?

3. Would you prefer working with patients or with hospital staff? Would you prefer working with computers, or not?

4. What days and hours would you like to volunteer? (Please be specific)

5. Please list any skills, experience and/or interests you have that would better help us place you as a volunteer.

6. Additional comments/thoughts you would like to add...
